BP.

DHMH - 17 (VR A15 ME (5)) 30M 7/73

-			100000000000000000000000000000000000000		MARYLAND		0.5-0.5			
		FOR STATE	DEPARTME	NT OF HEALTH	AND MENTAL H	YGIENE 8	ACCUPATION (TYPE OF WORK DAY OR IN FACT DORESS  LINCOLN ST DENTON  MIDDLE LAST ADDRESS  LINCOLN ST DENTON  MIDDLE LAST ADDRESS  SQUAD, DENTON, MD  BETWEEN  20. AUTO YES  OF INJURY IN ITEM 18 PART 1 OR PART 2)  OR TOWN  COUNTY  LAST APPRO  OF INJURY IN ITEM 18 PART 1 OR PART 2)  OR TOWN  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  MARY  STRAR IND.  CAROLINE  MARY  STRAR IND.  CAROLINE  MARY  COUNTY  MARY  MARY	17	3	
		REGISTRAR	MEDICAL EX	AMINER'S	CERTIFICATE O	F DEATH REG. NO	0.			
		CEASED NAME FIRST	MIDDLE		DAY YEAR	2b. HOUR				
	(TYPE	ALFRE	O MAILDI	CE	BROWN	OF ESTI-	AHC	£ 10 £0		
	3. SEX			AGE (IN YEARS   IF UI	NDER 1 YR. IF UNDER			17 = 0	M	
		ALE BLACK		LAST BIRTHDAY) MONT		MIN. PRONOUNCED			MD.  2d. HOUR  55 M  MD.  SINESS  NO   STATE	
Н			6- 23- 1931 4			DEAD	8	8 1980	9 M	
0	7a. BIF	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	? 8. MARR	IED NEVER MARRI	9. BALTIMORE CITY C	OR COUNTY	OF DEATH		
2		REIGN COUNTRY)	UNITED STATES	WIDOV	VED DIVORCE	ED [ Carol	eul	_		
		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET		HER INSTITUTION	120. USUAL OCCUPATION (TYP FOR MOST OF WORKING LIFE)	E OF WORK 12h	OR INDUSTR	INESS	
2		DENTON	510 LINCOLN ST	r, DENTON,	MARYLAND	LABORER	F	ACTORY	150	
1			R OTHER INSTITUTION, GIVE RESIDENCE BEFO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS				
ð	MA	TATE 13b. COUNT CARO			YES NO		ST DE	NTON. 1	D.	
	14. FA	THER'S NAME			15. MOTHER'S MAIDE	N NAME				
0		EMERSON (N	MN) BROWN		BIRDIE	MAE	NICH			
1	16a. W	VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRESS	,		1000	
1	100	NO NO		28-1945	DENTON AME	BUTANCE SOUAB B	TENTON	MD(216	(ac)	
F			y one couse per line for (a), (b), on			TOTALINOS OCORDIS	Tata Tasta a	APPROXIMATE	7	
		PART I DEATH WAS CAUSED		BETWEEN ONSET	AND DEATH					
-	110	IMMEDIATE CAUSE (o) 4047 110 042014 1N FAROT								
		Conditions, if any, which							12	
		Conditions, if any, which gove rise to immediate cause (a) stating the <u>underlying</u> couse lost.  (b) <u>COROMAR ARTERY THROMBUSIS</u> DUE TO, OR AS A CONSEQUENCE OF								
	17									
		tying coose lost.	(c) ANOMOL	0115 61	FFT CORO	NARY ARTE	RY	611	7=	
	7	PART 2 DTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PAR	RT 1 (a).				
	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION V	AC DEDECORMEDO					
	NO.	THE DATE OF OFERATION	198. CONDITION FOR WHI	CH OPERATION W	AS PERFORMED?			20. AUTOPSY?		
	E							YES V	NO 🗌	
3		210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 21			
9	8	CONTRIBUTING CAUSE OF D	P.M.	19						
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (A STREET, FACTORY, FARM, ETC.)		CATION		330		-25-6	
	Σ	WHILE NOT WHILE AT WORK	] STREET, PACIONT, PARM, ETC.)		STREET	CITY OR TOWN	COUNT		STATE	
		V D								
		death resulted from: Noture	ol couses Accident	Suicide	Homicide .	Undetermined monner .				
		//////////	40	/ M	TITLE (SPECIFY)					
		ACTUAL SIGNATURE	+ Des	CHA "	MD	MEDICAL EXAMINER	DATE	8.8.8	0	
		1/1/1/				MEDICAL EXAMINER	SIGNED		,	
X	(10)	EXAMINER'S NAME (TYPE OR PRINT)	ULD 1= SA	REB	ADDRESS M	EM HOSP A	17 12	BION		
	23a.BU	JRIAL, CREMATION, REMOVAL 23	36. DATE 23c. NAM	E OF CEMETERY C	R CREMATORY	23d. LOCATION	COUNTY	ATS	TE.	
	BU	RIAL 6	- 12-1980 S	PRINGROVI	3			MARYLAN	9	
	24. FU	INERAL DIRECTOR			250. DATE R	REC'D. BY REGISTRAR	STRARS SE	MANURE .		
		CHARLES W. H	DENT	on, MD(2	1629) AUG	1 5 1980	7//	-Crong		

ALFRED OF STEEL STEEL IN DESCRIPTION OF STANKING AND ALFRED OF STANK Market Barrier the first the same of the same

### Month & (Type or print) Leonora Downes 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years lost birthday) 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED DIVORCED WIDOWED F 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital (Where deceased lived if institution: Residence before CITY OR/TOWN 13d. INSIDE CITY LIMITED 13e. STREET AND NUMBER 130. USUAL RESIDENCE YES INO 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle GOWEN ast BALTIMORE 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, og unknown) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Clark mys cardist DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse d PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) DIVISION OF VITAL RECORDS, permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO [ YES [ 21o. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) UNDERLYING buriol, OR CONTRIBUTING ( CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town While Not while of work L ot work 6/, to 8/2-22a. I certify that (I) (this haspital) attended the deceased fram 10 9 , and that in (my) (<del>our</del>) opinion death occurred on the date and hour and from the saw the deceased alive on-.. 19 causes stoted obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S TELIPE M.O. NAME (Type) should of Heal 23c. NAME OF CEMETERY OR CREMATORY, 230 BURIAL CREMATION 23d\_LOCATION (City or Town)

MODRE DEUTON

Middle

DECEASED-NAME

0

DHMH - 16 3/72 25M (VR A15 (4))

First

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () CERTIFICATE OF DEATH

Lost

2o. DATE OF DEATH

2b. HOUR

6:30 pm

IF UNDER 24 HRS.

HOURS

12b. KIND OF BUSINESS OR

BETWEEN ONSET AND DEAT

State

County

22c. DAJE SIGNED

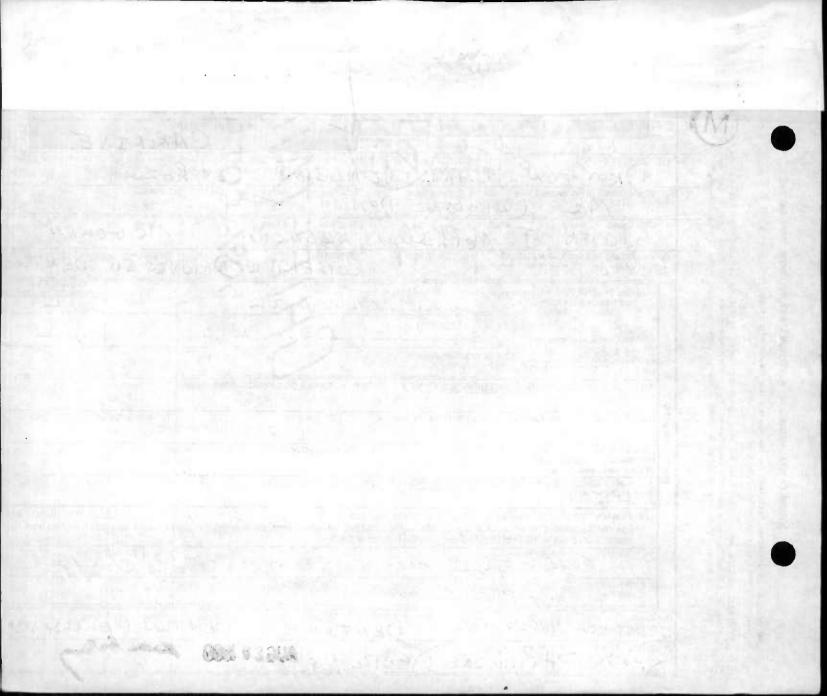
1900, that (1) (we) last

County (State)

Doy 22 Year 80

IF UNDER 1 YEAR

INDUSTRY



		11-	FOR STATE REGISTRAR		A		STAT MENT OF I EXAMIN	HEALTH		ENTAL		B 0	REG. NO.	0	7 7	5
			CEASED NAMI E ORPRINT)		orge	MIDDLE W.			enned	У		OF E DEATH M.	STI.	8 11		2h. HOUR
	VECESSARY, PLEAS UNERAL DIRECTO FOR YOUR FILE WITHIN 72 HOU PRESTON STREE		nale	white	July 1	8,1925	6. AGE (IN YEA LAST BIRTHDA 55 YR	Y) MONTH	DER 1 YR.	IF UNDE	MIN.	2c. DATE PRONOUNCE DEAD	8	13	1980	2d. HOUR 2:40 kg
•	AY IS THE PAGE	Hu 10. C	RTHPLACE (S REIGN COUNTRY) TOCK, TY OR TOWN leralsb	Maryland OF DEATH		HOSPITAL, NU	RSING HOME	, OR OTH	ER INSTITU	DIVOR	CED 120. USU	Carol  AL OCCUPAT  AOST OF WORKING  KKEEPE	Line C	ounty		MD JSINESS RY
D. 21201	2, AND 3 1 2, AND 3 1 SHOULD EAL REGORD	13a. S	ATHER'S NAME		other institution y roline	13c. CITY	BEFORE ADMISSION OR TOWN	ON)	13d. INSIDE C	NO [		Feder		nor		
MORE, MI	PAGES 1	16a. V	Dani VAS DECEASE ES, NO. OR UNKNO	EVER IN U.S. ARM	NED FORCES?		CIAL SECURITY		17. INFOR	THAN	risto	A	ADDRESS 1	aryla	and 21	643 100k
S, 301 W. PRESTON ST., BAL	EXECUTED WITHIN 24 HOURS AFTE NG" IN PENCIL IN ITEM 18. GIVE P CAL EXAMINER ALONG WITH FR A BURIAL-TRANSIT PERMIT. PAGES AND MENTAL HYGIENE, DIVISION ION, OR REMOVAL.		Condition gave ri cause (a' lying cou	ns, if any, which ie to immediate stating the under-	(b) DUE TO,	line for (a), (b Arteri OR AS A CON	), ond (c).)  OSCLET(  NSEQUENCE C	Otic DF	cardi	ovas.	cular				APPROXIMATI BETWEEN ONSE	EINTERVAL
VITAL RECORDS,	CHIEF MEDINE CHIEF MEDINE CHIEF MEDINE CHIEF MEDINE AS A MIT OF HEALTH	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b. COP		WHICH OPER	ATION W	AS PERFOR	MED?		NATURE OF INJURY	IN ITEM 18 PAP		0. AUTOPSY YES XX	? NO []
DIVISION OF	THIS CERTIFICATI WRITING THE W WARDED TO THI AGE 3 SHOULD TATE DEPARTMEN TATE DEPARTMEN ()	MEDICAL C		OR OCCURRED	HOUR EATH 21e. PLA			21f. LOC	CATION	OCCORR		CITY OR TOWN		COUNTY		STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTMORE, MARYLAND, 212		22a I certi death result ACTUAL SIGNATURE	fy that I taok charge ed from Native	of the remoins	described obo		Autops	TITLE (S	Inspection in specific in spec	Undete	Inquiry Cermined manner	er [],	DATE SIGNED	8/14/	<b>′</b> 80
	XECUTE AGE 4 S O FUNEI VETER DE	730 8	EXAMINER'S (TYPE OR PRI		rmez R.		,M.D.		ADDKE35_			treet,	Balto.	,MD 2	1201	
	BP	(:	JNERAL DIREC	Burial .	Aug. 16,	1980 U		shin	gton	Cem.	H CITY O	Clock	Dorch		- Mary	land
	(VR A15 ME (5)) 15M 7/77	I	rampto	M-Hawkins	Tuners	1200				. Al	UG1	9 1980	Just	Jay	/	7

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Ten esta			drodtiins			
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6.3						

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral attention is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 shauld be filed with the state of Health and Mental Hygiene prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

8

## STATE OF MARYLAND

# DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 0

				LE	KIIFICA	ALE OF DEATH					
		ECEASED-NAME First		Middle		Lost	20.	DATE OF DEATH	1	DA)	2b. HOUR
	(1	ype or print)	EDITH	М	OORE			Month	Doy	& Cyeor	755m
	3. SE	X	4. RACE	,,,	VIL	5. DATE OF BIRTH		6. AGE (In ye	ors	IF UNDER 1 YEAR	
	F	emale	Caucasi	an		September	r 13.	, 1886 Past birthdo	YRS.	MONTHS DAY	S HOURS MIN.
	7a. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT O	OUNTRY?	8. MARRIED	NEVER MARRIED	9. COL	UNTY OF DEATH			
5	com	irginia	U. S. A		WIDOWED		Ca	aroline			Md.
	10. 0	CITY OR TOWN OF DEATH	11. NAME (	OF HOSPITAL OR INST	ITUTION (If r	ot in hospitol 12o.	USUAL OCCI	UPATION (Kind of wor	k done	12b. KIND (	OF BUSINESS OR
1		enton				ng Home	Hous	ewife	inea.)	INDUSTRY	ome
1	13o. admi	USUAL RESIDENCE (Where deceose			13c. CITY OR	NEC .		13e. STREET AND NUM			
2		Maryland	Carolin		Dent		NO 🗌			cond	St.
2		FATHER'S NAME First	Middle	Lost	1:	S. MOTHER'S MAIDEN NAI		M	iddle	11	Lost
C	_		Edward	West			ary			Peppe	er
	160.	WAS DECEASED EVER IN U.S. ARME (es, no, or unknown) (If yes give wa	D FORCES? 16b	. SOCIAL SECURITY N		NFORMANT			dress		
	N	0				. V. Moo	re, I	Denton, A	lary	rland	
		18. CAUSE OF DEATH (Enter only		r (o), (b), ond (c).)	,	Λ	0 0			BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIAT	E CAUSE (o)	ntrice	1/20	-115V5	tolo	2		ac	uto.
		4272	DUE TO, OP AS A	CONSEQUENCE OF	1 ,	1		0		0/1	1
		Conditions, if ony, which gove	(b) M2	- Crusso	lent	is ( ande	Naso	- DISCA	10	Ch	Muso
		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A	CONSEQUENCE OF							
		last.	(4)								
		PART 2. OTHER SIGNIFICANT CONC	UTIONS CONTRIBUTING	TO DEATH BUT NO	RELATED TO	THE TERMINAL DISEASE	ORCONDITI	ON GIVEN IN PART I(o)			
	=(	Longester	e Hea	1010	ell	ne					
1	STE	19a, DATE OF OPERATION 19b. C	ONDITION FOR WHICH O	PERATION WAS PER	ORMED	20o. AUTOPSY?		20b. IF YES, WERE FIN	DINGS C	ONSIDERED IN	CERTIFYING
	CERTIFICATION					YES NO		CAUSES OF DEATH?			
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJU		21c. H	OW INJURY OCCURRED (	Enter noture	e of injury in Port 1 or	Port 2,	Item 18.)	
	MEDICAL	(If either, notity medical examine	TH HOUR A.M. M.	onth Doy Yeor	-940-						
	WE	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT H	OME, FARM, STREET, FACTO	ORY.) 21f. LO	OCATION Street or R.F.D.	No.	City or Town		County	Stote
		While Not while at work of work		a dollarino, ere.			MA	-/			0
		22a. I certify that (I) (this	haspital) attende	d the deceased	from	0,1	9/2.	ta 8/11	_, 19	80, the	of (I) (Ive) last
Я		saw the deceased ali	ven b	109 19	SU, an	d that in (my) (aur)	apinian (	death accurred an	the da	ite and hau	r and from the
		22b. SIGNATURE	(I) (we) (ala) yair	nat) view the b	ady atter	death.			-		
7		220. SIGNATIVINE	10115	PILAD	DEGR	ATTENDING T	MED.	STAFF	226.	DATE SIGNED	
		22d. PHYSICIAN'S	au si	cooper	DEOR	22e. ADDRESS	DIRECTO	R L PHYS. L			
		NAME (Type) Chris	tian Œ.	Jensen,	M.D		Avenu	ue, Dento	n,	Md. 2	21629
		BURIAL, CREMATION, 23b. Da	ATE	23c. NAME OF C	METERY OR	CREMATORY	23d.	LOCATION (City or Tov	/n)	(County)	(Stote)
		BEMOVAL (Spenify) 8/	14/80	Dentor	Cem	eterv	De	enton Car	i [o:		brelvre
	240	MAIEDAL DIDECTOR		ADDITION			TO BY BECH	CTDAD 12Ch DEC	CTD AD'C	MCMATRIDE	A CHARLES

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MARYLAND STATE DEPARTMENT OF HEALTH

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rely 8t. Jertrude Polon	Carolino Rice	M.
Elizabeth Yully	Kerman	eincas
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Trochebore, He.

ATTENDING PHYSICIAN: The law requires that the death certificate be

the haspital ar attending physician.

TO HOSPITAL O

executed within 24 haurs after death.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGINE

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6m	0	-	1	O

				CE	RITTIC	ALF OF I	PEATH					
	1. DE	CEASED-NAME First		Middle		Last		2a. DA	ATE OF DEATH			2b. 1848
	(T	ype ar print) Gerara	1	Т.	Waru	ich			Manth	Day	80	1:40
	3. SE		4. RACE	1.	www	S. DATE OF	BIRTH		6. AGE (Ir	vegrs	IF UNDER 1 YEAR	IF UNGER 24 HRS.
	0. 30	Male	White	e			29/00		last birtl	hday) YRS.	MONTHS CIAYS	HOURS MIN
4	7a. B	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	ARRIED -	9. COUN	TY OF DEATH	7 ( )	100	
5	caun	Md.	USA		WIDOWED		ORCED T		Caroline	Count	y	Md.
-	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL OR INST				JAL OCCUP	ATION (Kind of w	ark dane	12b, KIND OF	
C		Denton	give stree	e addence)		th St	during n	Labo:	irking life, even i <b>re</b> x	f retired.)	INDUSTRY	roads_
1		USUAL RESIDENCE (Where decease ssian) STATE	d lived of institution:	Residence befare	13c. CITY O	R TOWN	13d. INSIDE CITY		3e. STREET AND N			
9	uuiiii	ssian) STATE Md.	ISO. COUNTY	ROLINE	Dento			10	204 S.			
-	14. F	ATHER'S NAME First	Middle	Last	1	S. MOTHER'S	MAIDEN NAME	First		Middle		Last
4		William	Daniel	Warwi	lck	Mai	C.Y				Hil	d
		WAS DECEASED EVER IN U.S. ARM es, ng, gr unknawn)   (If yes give w	ED FORCES? 16b	o. SOCIAL SECURITY N	0. 17.	INFORMANT		1		Address		NEW YORK
1	(1	es, na, ar unknawn) No	2	16-05-143	30							
		18. CAUSE OF DEATH (Enter and	y ane cause per line fo	or (a), (b), and (c).)								MATE INTERVAL INSET AND DEATH
	4	DADY I DEATH WAS CALICED			IAI	TN	PAD.	CT	00		an	Total Contract of the Contract
		410 -		CONSEQUENCE OF			^ 1		1	1		
		Canditians, if any, which gave	120-	TERUSSO	100	STIA	(Pan)	10128	- bno	Isease	short	emic
ч		rise ta immediate cause (a),	(b) J 100 DUE TO, OR AS A			210	UAU	OVW		, 1) Case	3011	2776
		stating the underlying cause	DOL TO, OK AS A	CONSCOURAGE OF								
		PAR 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T PELATED 1	O THE TERMIN	IAL DISEASE OR	CONDITION	GIVEN IN PART	1(a)		
	2	(ARCINOM)		ELUNG	A .		NETAS			(0)		
3	CERTIFICATION	19a. DATE OF OPERATION 19b. (	ONDITION FOR WHICH	OPERATION WAS PER	FORMED	20a. AU	OPSY?		20b. IF YES, WERE		NSIDERED IN CE	ERTIFYING
7	TIFIC					YES [	] NO [	] [	CAUSES OF DEATH			
4		210. ACCIDENT WAS UNDERLYING			21c. 1	OW INJURY C	CCURRED (Ent	er nature o	of injury in Part 1	ar Part 2, Ite	em 18.)	
7.	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		Manth Day Year								
/	MEC	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT I		ORY.) 21f. I	OCATION Str	eet or R.F.D. N	a.	City or Town	-4-1-	Caunty	State
		While Nat while at wark	( OFF	ICE BUILDING, ETC.		- 1						1/91
		22a. I certify that (I) (thi	s haspital) attend	ed the decease	d_from_	8	, 192	30, t		4-, 195		(I) (we) last
		saw the deceased a	ive on	La 19	SO or	d that in	my (our) op	oinion de	ath occurred	on the dot	e ond hour	ond from the
		equses stated above	(I) (Me) (did) (did	not) view the b	ady offer	death.				1	1	
		Emilia	u CH	MARI	L DEG	REE PHYS.		MED. DIRECTOR	STAFF PHYS.	0 8/	ATE SIGNED	0
1		22d. PHYSICIAN'S NAME (Type) h D/C	tian For	Turner!	Tonco	22e. Al	DORESS	AN	DENT	on n	10 21	629
		4/10/3/	ICLY MU	warev	Crist.	1 0		100	0-1//	-1111	10	
	23a.	BURIAL, CREMATION, 23b. [		23c. NAME OF C	EMETERY OF	R CREMATORY		23d. l.	OCATION (Gity or	lawn)	(Caunty)	(State)
	24		8/24/80	4000000	+=		Toc- prein	DV DEGICE	DAD TOCK	DECICED ADIC C	CNATURE	
5M	24.	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D		7 1000	REGISTRAR'S S	-	Cready
		Anatomy Board	Ba	Ito. Md	_		I DATE	1111 7	7 10011	3 12 13/20	Sand FRE	CALANIA

DHMH - 163/722 (VR A15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with at Health and Mental Hygiene prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

CONTRACTS PROPERTY OF THE CONTRACTOR OF T

A Comment	20/22/05		Make
Caroline County			, bit
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